## ( AGENT DATA - TYPE 55) Format/Edits

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
1	Record Type	1	2	9(02)	Required. Must be 55.
2	Reporting Organization	3	2	X(02)	Required. Edit with RO/Company table.
3	Agent Directory State	5	2	99	Required for all records. Must be a valid FIPS
					state code for directory state. Must submit one
					record for each state serviced.
4	Active Flag	7	1	X(01)	Required for all records.
					Must be:
					Y = Yes, Active
5	Inactive Date	8	8	Y(08)	N = No, Inactive If field #4 = N, then this field cannot be blank.
5	macuve Date	o	O	X(08)	Must be: MM/DD/YYYY format.
6	Filler	16	2	X(02)	Must be Spaces.
7	Reinsurance Year	18	4	9(04)	Must be 3paces.  Must be 2001 for the 2001 Reinsurance Year.
8	Type of ID Code	22	1	X(01)	Required for all records.
-	7r · · · · · · · · · · · · · · · · · · ·	- <del>-</del>	-	(*-/	Must be:
					A = Agent
					U = Unlisted Agent
9	Agent ID Code	23	9	X(09)	Required for all records. Must be left justified.
					Must be for certified MPCI agent. An agent-id
					can only reference one SSN.
10	Agent Last Name	32	20	X(20)	Required for all records. Last name of the
					agent. Must be left justified beginning in the
11	A cont Einst N	52	12	X(12)	first position.
11	Agent First Name	52	12	X(12)	First name of the Agent. Must not be blank.
					Must be left justified beginning in first position.
12	Agent Middle Name	64	10	X(10)	Middle name of the Agent. Must be left
12	1 150th itriduic I tallic	0.7	10	11(10)	justified beginning in first position.
13	Agent Suffix	74	5	X(05)	Name suffix of the Agent (i.e. Sr, Jr, etc.)
				` '	Must be left justified beginning in first
					position.
14	Agent Title	79	4	X(04)	Name title of the Agent (i.e. Dr, Mr, etc.)
			7		Must be left justified beginning in first
			_		position.
15	Agency Name	83	35	X(35)	Required for all records. Business name of
					agent's location. Must be left justified
					beginning in first position.
16	Agent Address	118	35	X(35)	Required for all records. Must be left justified
					beginning in first position. Enter location or
					street address of agent office. Do not enter
17	City	152	25	V(25)	post office box.
17	City	153	35	X(35)	Required for all records. Must be left justified.
					If state code eq "ZZ", enter foreign city and country.
18	Address County	188	3	999	Required for all records. Edit with county
10	- 1001000 County	100	5		table. Must be valid for zip code submitted for
					record.

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Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
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19	Address State	191	2	X(02)	Required for all records. Must be valid alpha
					state abbreviation for the zip code submitted
					for the record. If foreign country state enter "ZZ".
20	Zip Code	193	5	9(5)	Required for all records. Must be a valid zip
20	Zip code	175	J	)(3)	code. Must be zeros if state eq "ZZ".
21	Zip Extension	198	4	9(4)	Zero, if unknown.
22	Filler	202	6	X(06)	Must be Spaces.
23	Phone Number	208	10	9(10)	Required for all records. Must be left justified
					with no hyphens, parentheses, or special
					characters.
24	Phone Extension	218	6	X(06)	Must be left justified beginning in first
25		22.4	1	V(01)	position.
25	File Retention Flag	224	1	X(01)	Enter "Y" if Agent retains the official file
26	Agent Data Review Flag	225	2	9(02)	folder for the policy serviced; Enter "N" if not. Must be:
20	Agent Data Review Mag	223	2	9(02)	00 = Not Selected for review.
					01 = Mandatory Spot Check
					02 = Mandatory Tolerance Spot Check
					03 = Tolerance Spot Check
					04 = Random Spot Check
			4		05 = Discretionary Review
27	Filler	227	23	X(23)	Must be Spaces.
28	Social Security Number	250	9	9(09)	Valid SSN required for all records. SSN for
					the certified agent. Required for A/O expense
					reimbursement at annual settlement R&D-97-043.
29	Agent Directory County	259	3	9(03)	Required for all records. Must be a valid FIPS
2)	Agent Directory County	237	J	)(03)	county code for directory county. Must submit
					one record for each county serviced. Used to
					facilitate Agent Directory.
30	Filler	262	73	X(73)	Must be Spaces.
31	SSN & ITS Chk Flg	335	8	X(08)	Internal Use.
					Positions 335 - 336 will contain the SSN
					validation flag and the remaining bytes will
	7				contain the ITS error flags.
32	Reserved - FSA Control	343	8	9(08)	
	Date				
33	Filler	351	200	X(200)	Must be spaces.

Notes: Key fields are - RO, Agent List State, Agent ID Code, Phone Number, County. Only 1 record will be accepted for each key combo.

A 55 record must be accepted for the RO, List State and Agent ID before an 11 record will be accepted.

If field 4, Active Flag = Y and field 8, Type of ID Code = A, the record will be included in the creation of the agent directory.

Field	Field Name	Begin	Size	Picture	Field Edits
No.		Pos			

If field 19, Address State = field 3, Agent List State the record will be used in the resident listing. If the Address State is not equal to the Agent List State the record will be used for the non resident listing.

Address and Phone Number are critical for referring potential clients. For this reason, the address field validation will reject post office box addresses and the phone number field must contain a valid phone number.

Do not include punctuation in name fields, except for apostrophes and hyphens in the last name field.

Only report licensed and/or certified agents who are actively participating in the delivery of FCIC approved products. Records submitted for others will be deleted.

For multiple records with same SSN all name fields must be exactly the same by RO.

